SEP 15 2005



FAX COVER PAGE

DATE: Se	eptember 15, 2005	PAGES INCLUDIN	NG THIS PAGE: 4
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FROM:	Douglas A. Collier		(317) 238-6333
RE:	Serial No. 10/657,574	FAX NUMBER:	(317) 636-1507
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			10/657,574	-	
TRANSMI		Filing Date First Named Inventor	September		
FORM	Ŋ	Art Unit		Barbara Gary	
			3764		
(to be used for all corresponde	ence after initial filing)	Examiner Name	Urrknown		
Total Number of Pages in This		Attorney Docket Number	31095-6 (N	MUGE-4)	
	ENC	LOSURES (Check a	all that apply,	<u> </u>	
Fee Transmittal Form		Drawing(s)		Appe	Allowance Communication to TC at Communication to Board
Fee Atlached		Licensing-related Papers	- '	1	peals and Interferences
Amendment/Reply	, <u> </u>	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief		
After Final		Petition to Convert to a Provisional Application			netary Information
Affidavits/decla	[J]	Power of Attorney, Revocati Change of Correspondence		Statu	s Letter
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Express Abandonment	10001	Request for Refund	ļ	1	v ₎ . Under 37 CFR 3.73(b)
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Certified Copy of Priori	ity Remar				
Document(s) Reply to Missing Parts					
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	SIGNATURE C	OF APPLICANT, ATTO	ORNEY, C	R AGENT	
Firm Name Krieg De Vau	ult, LLP	1 .			
Signature	chall (ol)	lees		 	
Printed name Douglas A. (Collier		****		
Date September	15, 2005		Reg. No.	43,556	
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| Application Number | Language | PTO/SB/81 (11-04)

•	Application (tuning)	10/657,574	
POWER OF ATTORNEY	Filing Date	September 8, 2003	_
and	First Named Inventor	Barbera Gary	
	Title	HAND TREATMENT DEVICE	
CORRESPONDENCE ADDRESS	Art Unit	3764	
INDICATION FORM	Examiner Name	DEMILLE, DANTON D	
	Attorney Docket Number	MUGE-4	

I hereby revoke all previous powers of attorney gi	iven in the above-identified application.				
I hereby appoint:					
Practitioners associated with the Customer Number:	52,450				
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I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form I	3.71. PTO/SB/96)				
SIGNATURE of	Applicant or Assignee of Record				
Signature Barbara Juan	Date E/19/15				
Name Barbara Gary	Telephone 3/7-841-9343				
Title and Company Partails Melgar	y Emperacis LLS				
Tighter of required, dec below.	re interest or their representative(s) are required. Submit multiple forms if more than one				
*Total of 1 forms are submitted.					

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STATEMENT UNDER 37 CFR 3,73(b)
Applicant/Patent Owner: Mulgary Enterprises, LLC
Application No./Patent No.: 10/657,574 Filed/Issue Date: September 8, 2003
Entitled: HAND TREATMENT DEVICE
Mulgary Enterprises, LLC , a <u>an Indiana limited liability company</u> (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1. 1. 1. 1. 1. 1. 1. 1.
2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is%
in the patent application/patent identified above by virtue of either:
A assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
OR B. A chain of title from the Inventor(s), of the patent application/patent identified above, to the current assignee as shown below:
From: Bernard, Gary, and Mullins To: Mulgary Enterprises, LLC The document was recorded in the United States Patent and Trademark Office at Reel 011420 , Frame 0968 , or for which a copy thereof is attached.
2. From:To:
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Additional documents in the chain of title are listed on a supplemental sheet.
Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. 5/19/05
Signature Date Barbara Gary (317) 861 - 936.3
Deleted on True at his and
Printed or Typed Name Telephone Number

Title

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